

Case Number:	CM14-0099248		
Date Assigned:	07/28/2014	Date of Injury:	10/17/2008
Decision Date:	08/29/2014	UR Denial Date:	06/20/2014
Priority:	Standard	Application Received:	06/27/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Patient is a 60-year-old female who has submitted a claim for posterior tibial tendon dysfunction, left lower extremity instability, left foot pain, left lateral heel pain, diabetes, and hypertension associated with an industrial injury date of 10/17/2008. Medical records from 2012 to 2014 were reviewed. Patient complained of sharp, dull, aching pain with stabbing, burning, and shooting sensation radiating to the left leg. Numbness, tingling, and burning sensation were reported at the left foot and toes with cramping. Alleviating factors included rest, medications, and therapy. Physical examination showed tenderness at bilateral lower extremities. Motor strength testing, reflexes, and sensory exam were normal. Provocative maneuvers were unremarkable. Treatment to date has included left posterior tibial tendon with subsequent calcaneal osteotomy and posterior tibial tendon transfer, physical therapy, acupuncture, and Motrin. Utilization review from 06/20/2014 denied the request for EMG/NCV of left lower extremity because there was no evidence of neurological pathology based on the history and clinical examination; and denied Lidoderm patches due to absence of neuropathic pain.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

EMG Left Lower Extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: According to page 303 of CA MTUS ACOEM Low Back Chapter, the guidelines support the use of electromyography (EMG) to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks. In this case, patient complained of sharp, dull, aching pain with stabbing, burning, and shooting sensation radiating to the left leg. Physical examination showed tenderness. However, neurologic examination was unremarkable. Focal neurologic deficit was not evident based on the records submitted. There is no clear indication for EMG at this time. Therefore, the request for electromyography (EMG) of the LEFT lower extremity is not medically necessary.

NCV for Left Lower Extremity: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, (ODG), Low Back chapter, Nerve conduction studies (NCS) Other Medical Treatment Guideline or Medical Evidence: Nerve Conduction Studies in Polyneuropathy: Practical Physiology and Patterns of Abnormality, Acta Neurol Belg 2006 Jun; 106 (2): 73-81.

Decision rationale: The CA MTUS does not address NCS specifically. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines, (ODG), Low Back Chapter, Nerve Conduction Studies (NCS) was used instead. The Official Disability Guidelines state that there is minimal justification for performing nerve conduction studies when the patient is presumed to have symptoms on the basis of radiculopathy. A published study entitled, "Nerve Conduction Studies in Polyneuropathy", cited that NCS is an essential part of the work-up of peripheral neuropathies. Many neuropathic syndromes can be suspected on clinical grounds, but optimal use of nerve conduction study techniques allows diagnostic classification and is therefore crucial to understanding and separation of neuropathies. In this case, patient complained of sharp, dull, aching pain with stabbing, burning, and shooting sensation radiating to the left leg. Neurologic examination was unremarkable. Clinical manifestations may indicate peripheral nerve entrapment; hence, NCV is a reasonable diagnostic option at this time. Therefore, the request for nerve conduction velocity (NCV) study of the LEFT lower extremity is medically necessary.

Lidoderm Patches: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2, LIDOCAINE PATCH Page(s): 56-57.

Decision rationale: Terocin patch contains both lidocaine and menthol. Pages 56 to 57 of CA MTUS Chronic Pain Medical Treatment Guidelines state that topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). In this case, the documented rationale for Lidoderm patch is to decrease inflammation. Patient's clinical manifestations are consistent with neuropathic pain; hence, Lidoderm patch is a reasonable treatment option. However, medical records submitted and reviewed failed to provide evidence that patient was initially on first-line therapy. Guideline criteria were not met. Therefore, the request for Lidoderm patches is not medically necessary.